

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-037904

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9337

FILED SEP 26 1963

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTYc. CITY  
OR  
TOWN St. LouisInside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION St. JohnInside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS  
1020 S. 14th St.Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First  
KATHERINEMiddle  
OSTER

Last

4. DATE  
OF  
DEATHMonth  
Sept.Day  
17Year  
1963

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
2/18/18999. AGE (last birthday)  
64IF UNDER 1 YEAR  
Months Days  
8 29IF UNDER 24 HR  
Hours Min.  
2910a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
Seamstress10b. KIND OF BUSINESS OR INDUSTRY  
Dept. Store11. BIRTHPLACE (City and state or country)  
Yugoslavia12. CITIZEN OF WHAT COUNTRY  
U. S. A.

## 13a. FATHER'S NAME

Jacob Oster

## 13b. MOTHER'S MAIDEN NAME

Margaret Tabor

## 14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Donald Hohenstein 6422 Michigan Ave.

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Pulmonary Insufficiency

INTERVAL BETWEEN  
ONSET AND DEATH

2 Days

## DUE TO (b)

Kyphoscoliosis

30 Yrs.

## DUE TO (c)

Polyostotic Fibrous Dysplasia

30 Yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

733X

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from  
Death occurred at8/13/63  
6:15to 9/17/63  
A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

and last saw her alive on 9/17/63

## 22a. SIGNATURE

(Degree or title)

Henry L. Regier Jr. M.D.

## 22b. ADDRESS

4567 Laclede Ave.

## 22c. DATE SIGNED

9/17/63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

9/20/63

## 23c. NAME OF CEMETERY OR CREMATORY

St. Matthew

23d. LOCATION (City, town, or county)

St. Louis

(State)

Mo.

## 24. FUNERAL DIRECTOR

Gebken Sons

## ADDRESS

2630 Gravois Ave.

## 25. DATE RECD. BY LOCAL REG.

SEP 18 1963

## 26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Robert F. Gelber*

Licensed Embalmer No. 4144

P. O. Address 2630 Shavai's

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.